

Lincoln Fire & Rescue - Form

Request for Tuition Reimbursement (09/04)

Name

Date submitted
to Administration

School

Course of Study

Class Title

Credit Hours

Credit Hour Cost

Date Began

Date Completed

Date/Times/Class

Grade Received

Describe how the course is job related:

Applicant Signature

****Attach Supporting Documentation as Needed.**

Disposition: Submit Form With Original Receipts to Administration

For Administrative Use Only: ☐ Approved ☐ Denied ☐ Under Review

Signature: _____